

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 20 March 2019
Subject: **Clinical Governance Report**

<h2>Status</h2> <p>This report contains:</p> <input type="checkbox"/> For decision <input checked="" type="checkbox"/> Update <input checked="" type="checkbox"/> Regular report <input type="checkbox"/> For information
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Key messages from the NMH Clinical Governance Committee (CGC) meeting held on 1 March 2019 are as follows:

DHB CGC approved:

- **Renewed emphasis on protecting our patients and staff from vaccine preventable disease** – There has been a resurgence of vaccine preventable diseases related to the spread of vaccine related information, much of which is untrue. The resulting vaccine hesitancy has led to lower uptake of vaccine with reduced personal and herd immunity and the spread of preventable diseases.

Nelson Marlborough has had the highest level of whooping cough (pertussis) in New Zealand over the past few years, and has the highest percentage of people declining vaccination in the country. A staff member may not know they have pertussis, as in some people the symptoms are mild. Typically one person with pertussis spreads it to 14 others. The vaccine only lasts 5-10 years and so boosters are needed to top up immunity.

Recent measles outbreaks around the world are a major cause for concern. Measles is now circulating in the general population in Canterbury so cases in our region are highly likely. Measles is one of the most contagious human diseases as it becomes airborne, so even 100% reliable hand washing is not on its own protective, although it remains a key step. All staff who were born after 1968 who have not had two recorded doses of MMR vaccine are at risk from measles. The infection control team are working hard to ensure all staff are up to date with immunisations in order to protect themselves and our patients.

DHB CGG endorsed:

- **Policies, procedures, guidelines (PPGs) and forms new process** – The Clinical Governance Support Team now provides a centralised process for updating and creating new documents and forms. The new process will now include not only PPGs, but also all forms, such as clinical procedure documents.
- **Use of ISBAR** – One of our two inaugural RMO QI Residents presented to the Clinical Governance Committee on their project assessing the understanding, uptake and quality of our use of ISBAR for both communicating and receiving information. On the whole the staff taking part in the project had a good understanding of ISBAR. RMOs who may receive phone calls from multiple different staff during a shift appreciated the standardisation of communication which enables them to rapidly understand and triage the task required. High quality hand over is a key step to support safe care.

ISBAR  For clear communication	
I	IDENTIFY: Yourself (name, position, location) & Patient
S	SITUATION: Why you are calling & urgency
B	BACKGROUND: Tell important parts of the story
A	ASSESSMENT: Relevant observations & what you think is going on
R	RECOMMENDATION: What you want from them
PLEASE FOLD THIS TAB AND ATTACH	